Office of Student Resources (OSR)
Disability Services

Student Services Application for New Services

Name: _____ Student ID Number: _____

Phone: _____ ORU Email: _____

Birthdate: _____ Gender: _____

Status: (Check all that apply)

❒ Currently enrolled ❒ Incoming Student ❒ Transfer Student

❒ Part-time Student ❒ Visitor

What accommodations have you received in the past? _____

How did you hear about our office? _____

Information about the Disability or Medical Condition

Type: (Check all that apply)

❒ ADHD	❒ Developmental	❒ Hearing Impaired	❒ Orthopedic	❒ Speech
❒ Blind	❒ Digestive	❒ Learning Disability	❒ Physical	
❒ Brain Injury	❒ Endocrine/Nutritional/ Metabolic	❒ Low Vision	❒ Psychological	
❒ Deaf	❒ Genitourinary	❒ Neurological	❒ Respiratory	

Other: _____ ❒ Permanent ❒ Temporary

(If you have limitations that might affect your Health and Physical Education courses, please complete the HPE Accommodation Documentation Form.)

By signing this application, you agree to the following statements:

1. I certify that I am the student listed on this form and that all information is true, correct, and complete. *Initials:* ☐
2. I understand that I am initiating a disability eligibility review. *Initials:* ☐
3. I understand that if I am eligible for services and/or accommodations, I will be registered with the OSR. *Initials:* ☐

Signature: _____ Date: _____